



2161

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/759,804
	Filing Date	January 12, 2001
	First Named Inventor	Surajit Chaudhuri
	Group Art Unit	2161
	Examiner Name	Marcin R. Filipczyk
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	160325.01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (total fee \$450.00; in duplicate) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to TC
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<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a))	<input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement	<input type="checkbox"/> Request for Corrected Filing Receipt
I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Receipt Postcard
Date <u>September 1, 2005</u> Signature <u>Sherry Smith</u> Printed Name <u>Sherry Smith</u>	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Copy of this Transmittal form <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT					
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